



Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



Integrating Primary Care into an Addiction Treatment Agency

SAMHSA PBHCI National Grantee Meeting
June 4- 7, 2017 • Austin, TX



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).



About the Presenter

Paula Beaulieu, M.S., CADCII is a Program Director at SSTAR. She has managed a MA Bureau of Substance Abuse First Offender Drunk Driving program, SAMHSA's Community Resilience and Recovery Initiative grant, SAMHSA's Primary and Behavioral Health Care Integration grant, CDC's 1422 grant through the MA Department of Public Health focusing on Pre-diabetes and Hypertension, and SSTAR's Prevention grants focusing on Opiate Overdose Prevention, Youth Underage Drinking and Youth Prescription Drug Abuse. She is a Certified Alcohol and Drug Counselor and a Certified ARISE Interventionist.



Our Integration Model



SSTAR opened in 1977 as the Center for Alcohol Problems

- Started with a 20 bed alcohol detox, outpatient substance treatment, DWI program and a Women's Center
- Became a licensed mental health clinic in 1982
- Opened a Federally Qualified Health Center in 1992
- First detox in MA to treat pregnant addicted women and first to offer HIV counseling and testing in 1995
- Began treating opiate addiction with Suboxone in the Health Center in 2003
- Began operating Lifeline Methadone Clinic at St. Anne's Hospital in 2009 and opened the first integrated Methadone, Primary Health and Behavioral Health Clinic in MA in 2012
- Began Open Access Model for all Assessments and for Outpatient Behavioral Health treatment in 2013



SSTAR Addiction Services

- **ATS - Inpatient Detoxification**
- **Dual Diagnosis Unit**
- **CSS – Clinical Stabilization Services**
- **IOP – Intensive Outpatient**
- **Outpatient Addiction and Mental Health Counseling**
- **ARISE Intervention**
- **Prevention Services**
- **Suboxone and Methadone**
- **NIDA Clinical Trials**
- **United Nations TREATNET**
- **SSTAR of RI /SSTARBIRTH**



Staffing

- **Medical Director is a Board Certified Psychiatrist and a Diplomat in Addiction Medicine; many Nurses are certified in Addiction Nursing; FQHC Physicians need to have experience/interest in Addiction and agree to be trained to treat patients with Suboxone. Many staff at all levels are in recovery.**
- **SSTAR has held four cohorts of CADC preparation classes including 270 hours of education on site to prepare for the exam. These classes have been funded by various grant programs. SSTAR has also brought several certification trainings on site such as ARISE Intervention and Recovery Coach training.**
- **SSTAR provides ongoing training and supervision on Addiction to an area Department of Mental Health funded agency.**



Many Paths to Recovery

- **Levels of Care in Treatment**
- **Abstinence and 12 Step Recovery**
- **Medicated Assisted Treatment**
- **Harm Reduction**
- **Cognitive Behavioral Treatment; Health/Wellness**



No Wrong Door

- **Co-location does not mean Integration**
- **Importance of Screening**
 - Addiction and Mental Health Screening at the Health Center
 - PHQ-9, GAD-7, CAGE-AID, 5As for Tobacco
 - Primary Health Screening in Behavioral Health
 - DUKE Health Profile with flyer
- **Case Managers/Peers are a Valued Part of the Team**
 - Case Managers, Care Managers, Navigators,
 - Community Support Professionals, Recovery Coaches,
 - Community Health Workers, Health Access Workers



Open Access

- **Accessing the Treatment you need when you need it.**
- **No more wait-lists or appointments.**
- **All levels of addiction treatment begin with a same day assessment to determine the appropriate level of care.**
- **Increase in group treatment offerings, including more wellness focused groups. Individual counseling with a “Clinician of the Day” or a fee-for-service clinician.**
- **Opiate Triage Center**



Culture of Wellness

- Walking groups – 9 per week, 4 outdoor at two locations and 5 indoor 8AM walking group daily with clients and staff since April 2013
- Open Access Groups in the Wellness Room - Yoga, Acupuncture, ZUMBA, Adult Coloring, Journaling, Mental Health groups
- SSTAR team of 45 clients and staff for the Fall River Fitness Challenge
- Monthly Health Fair/Event focused on different aspects of Wellness
- Monthly Newsletter mailed to PBHCI clients and posted throughout agency; health page in monthly staff newsletter
- SAMHSA's Eight Dimensions of Wellness groups
- NEW-R – Nutrition for Exercise and Recovery groups
- Learn About Healthy Living for Tobacco Users Curriculum for "I Might Want to Quit Smoking Someday" group
- Promotion of no/low cost community events supporting health



Outcomes

- Positive Change Through Walking 8AM Group-4/2013 to 8/2014
- Name/Started Miles Destination
- RR 4/13 640 North Carolina
- CM 4/13 290 Pocono Mountains
- AA 6/13 300 Philadelphia
- JA 7/13 340 Boston Marathon 13x
- PM 7/13 195 New York City
- TM 1/14 500 Niagara Falls
- HB 1/14 250 Mount Washington
- Total: 2515 Grand Canyon



(By 10/2016, RR has walked 1850 miles in this group,
TM 1560 miles and JA 1075 miles!)



Lessons Learned

- Continue to grow and adapt your services to meet client needs. Be flexible and accept that change takes time and happens in many different ways.
- Including and supporting families is critical to treatment and recovery.
- Working in partnership with other agencies and community based organizations enhances the care you can give your patients.
- Staff training and partnering with an area Addiction Treatment facility can increase capacity to address substance abuse in your agency.
- Clients enjoy and benefit from Wellness groups and activities.
- Care Managers and Peers play a vital role in treatment.



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Integrating Substance Use Safety Plans: Early Recovery and Harm Reduction

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About the Presenter

Tom McCarry, LMHC served the Institute for Family Health as a Mental Health Clinician prior to becoming the Director of Substance Abuse Prevention. Tom received his Master Degree in Mental Health Counseling from the Ferkauf Graduate School of Psychology, Yeshiva University.

Tom's role includes coordinating Institute's HRSA Substance Use Service Expansion grant, as well as Opioid Overdose Prevention Program and increasing capacity of the Institute's integrated treatment of substance abuse issues. Tom lead the development and implementation of this presentation's Substance Use Safety Plans.



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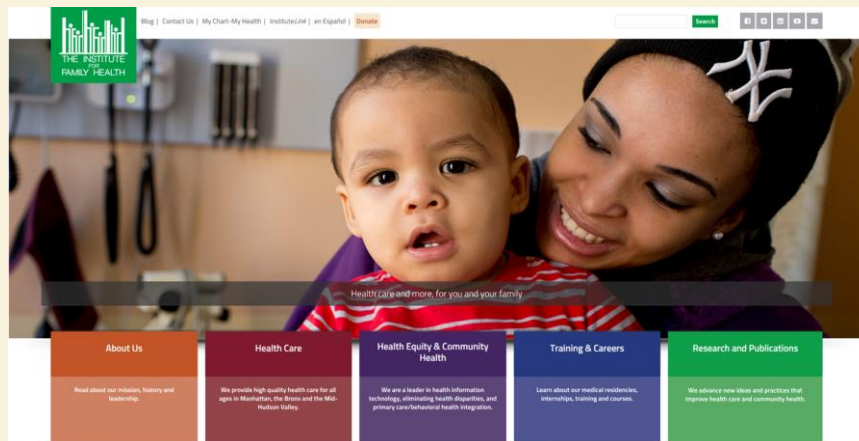


Learning Objectives

- Define two pathways to accidental overdose and at risk populations
- Compare overdose prevention to established suicide workflows
- Discuss importance of language as a tool
- Identify key domains of Harm Reduction and Early Recovery Safety Planning
- Demonstrate introduction of plans to staff and patients
- Describe steps taken to support implementation of plans
- **Gain strategies to reduce deaths in your programs and communities**

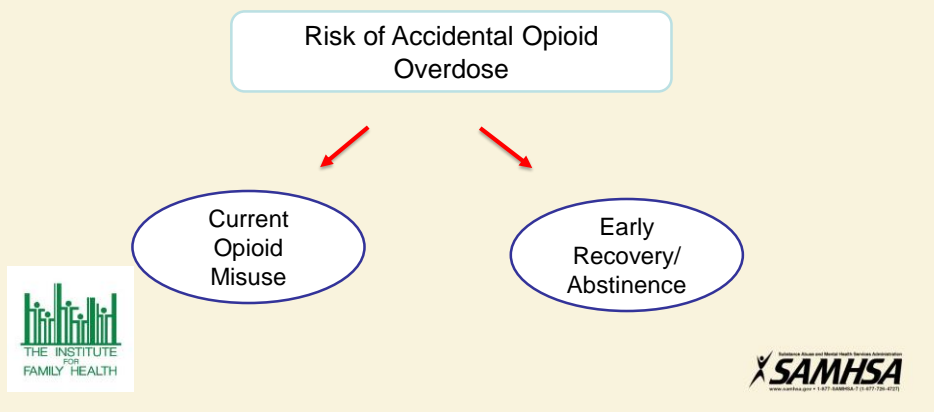


The Institute For Family Health



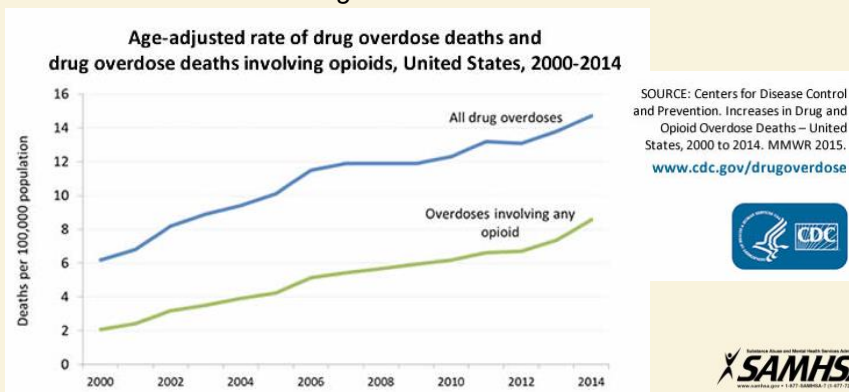
Pathways to Overdose

- Understanding the risk of accidental opioid overdose through two pathways:



Opioids: The Epidemic

- In 2014, there were 47,055 drug overdose deaths in the United States
 - 61% of these deaths were the result of opioid use
 - There were 5 time higher number of heroin overdoses in 2014



Overdose: At Risk Populations

- **Current Use / Misuse of Opioids**
 - Pain management
 - Opioid abuse
 - Opioid abuse with co-occurring issues
 - Medication Assisted Treatment
 - Limited engagement
- **Early Recovery or Abstinence**
 - Returning from detox or residential care
 - Engaged in early recovery
 - Discharge from jail or hospitalization
 - Pregnancy or other motivation for abstinence



Modeling Suicide Workflow

- **Asking about substance use early and often**
 - Addition of diagnosis on problem list.
 - Integrated Care-team approach
 - Reviewing safety plans and risks at each session
- **Increased efforts to engage**
 - Warm handoff during transition of care
 - Use of collaterals
 - Case conferencing / supervision
- **Approaching overdose as preventable**
 - Organizational commitment and supporting treatment



Purposeful Use of Language

- Conversational language used throughout Safety Plans
- Plans can be used as a print-and-provide document or completed collaboratively in session
- Language equips providers with script to bridge these important and sensitive topics

As much as we support and believe in your recovery, for some people the journey has setbacks. It is important to talk about how to reduce your risk if you have a slip or relapse.

-- Excerpt from Early Recovery Safety Plan



Harm Reduction Safety Plan

- **The Harm Reduction Safety Plan provides:**
 - Harm reduction information and techniques
 - Script based on Motivational Interviewing
 - Reinforcement of care team commitment to patient
 - Acknowledgment of patient autonomy
 - Prompt to help patient obtain Naloxone



Harm Reduction

- **Harm reduction overdose prevention tips include:**
 - Use less after any period of abstinence!
 - Do not mix drugs, and/or alcohol.
 - Do not use alone.
 - Do not use when having thoughts of suicide.



Early Recovery Safety Plan

My Personal Recovery Safety Plan

Congratulations on your efforts to maintain sobriety!

Let's work together to develop and write down a plan which will help support you and prepare for tough times should you hit bumps.

- Highly individualized: triggers, supports, coping skills
- Relapse prevention tips and resources
- Information on increased risks of accidental overdose during early recovery
- Consistent encouragement from entire care team



Sample Safety Plan

My Early Recovery Safety Plan

These are the top reasons which I choose to be sober today:

- I want to go back to school.
- Sick and tired of Being Sick and Tired.
- So that I can be there for my family.

Here are a few things that I do regularly to stay sober:

- Attend AA Meetings (New Life and Midnite Groups)
- Call my sponsor (at least every other day)
- Attend counseling appointments consistently
- Have a plan for the day before I leave in Morning
- Go to sleep by 11PM

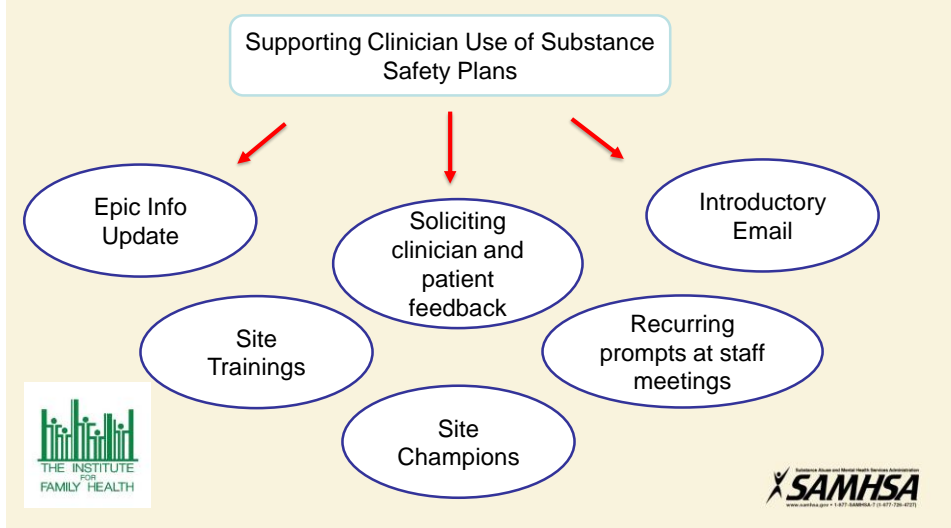


Overdose Prevention: Naloxone

- **The Institute is a NYS Opioid Overdose Prevention Program (OOPP).**
 - Naloxone is an emergency medication used to reverse an opioid overdose
 - Naloxone Overdose Prevention Kits are provided for free at Institute sites
 - Both safety plans prompt staff to help patients obtain a kit



Supporting Implementation



Summary: Takeaways

- There are two pathways to accidental overdose.
- Opportunities to build on established suicide protocols.
- Purposeful use of language supports staff and patients.
- Walk through of the plans – Please take them with you.
- Naloxone overdose prevention kits are key.
- Discussed steps to successful implementation.
- **Zero Overdose.**
- **Overdose deaths are preventable with integrated care.**

